



## Confidential Estate Planning Questionnaire

Prepared for: \_\_\_\_\_

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***Provided by:***

\_\_\_\_\_

***Date:***

\_\_\_\_\_

## Personal Information

### Spouse 1

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
 Height/Weight: \_\_\_ft\_\_\_in/\_\_\_lbs. Sex: \_\_\_M \_\_\_F Tobacco Use: \_\_\_Yes \_\_\_No  
 Occupation: \_\_\_\_\_ Hazardous: \_\_\_Yes \_\_\_No  
 Employer: \_\_\_\_\_  
 Annual Compensation: \$\_\_\_\_\_ Social Security No.: \_\_\_\_\_  
 Business Phone No.: \_\_\_\_\_ Business E-Mail: \_\_\_\_\_

### Spouse 2

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
 Height/Weight: \_\_\_ft\_\_\_in/\_\_\_lbs. Sex: \_\_\_M \_\_\_F Tobacco Use: \_\_\_Yes \_\_\_No  
 Occupation: \_\_\_\_\_ Hazardous: \_\_\_Yes \_\_\_No  
 Employer: \_\_\_\_\_  
 Annual Compensation: \$\_\_\_\_\_ Social Security No.: \_\_\_\_\_  
 Business Phone No.: \_\_\_\_\_ Business E-Mail: \_\_\_\_\_

### Residence

Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_ Personal E-Mail: \_\_\_\_\_

## Family Information

### Children

Name	Date of Birth	Marital Status			Any Children?	
		(S, M or D)			(Y or N)	
_____	___/___/___	S	M	D	Y	N
_____	___/___/___	S	M	D	Y	N
_____	___/___/___	S	M	D	Y	N
_____	___/___/___	S	M	D	Y	N
_____	___/___/___	S	M	D	Y	N

### Other Dependents

Name	Date of Birth	Relationship
_____	___/___/___	_____
_____	___/___/___	_____

## Inventory of Assets and Liabilities

### Assets (Valued at Today's Fair Market Value)

Type of Asset	Owned by:			
	Spouse 1	Spouse 2	Joint Tenancy	Community Property
Savings	\$ _____	\$ _____	\$ _____	\$ _____
Investments	\$ _____	\$ _____	\$ _____	\$ _____
Real Property	\$ _____	\$ _____	\$ _____	\$ _____
Personal Property	\$ _____	\$ _____	\$ _____	\$ _____
Business Interests	\$ _____	\$ _____	\$ _____	\$ _____
Survivor Benefits	\$ _____	\$ _____	\$ _____	\$ _____
Vested Retirement Benefits	\$ _____	\$ _____	\$ _____	\$ _____
Annuities	\$ _____	\$ _____	\$ _____	\$ _____
Other Assets	\$ _____	\$ _____	\$ _____	\$ _____
<b>Total Assets</b>	\$ _____	\$ _____	\$ _____	\$ _____

### Liabilities

Type of Liability	Owed by:			
	Spouse 1	Spouse 2	Joint Tenancy	Community Property
Mortgages	\$ _____	\$ _____	\$ _____	\$ _____
Installment Loans	\$ _____	\$ _____	\$ _____	\$ _____
Charge Accounts	\$ _____	\$ _____	\$ _____	\$ _____
Credit Cards	\$ _____	\$ _____	\$ _____	\$ _____
Personal Notes	\$ _____	\$ _____	\$ _____	\$ _____
Business Debt	\$ _____	\$ _____	\$ _____	\$ _____
Other Liabilities	\$ _____	\$ _____	\$ _____	\$ _____
<b>Total Liabilities</b>	\$ _____	\$ _____	\$ _____	\$ _____

## Life Insurance Inventory

### Total Face Amount:

	On Spouse 1's Life	On Spouse 2's Life
Life Insurance Included in the Estate	\$ _____	\$ _____
Life Insurance Outside the Estate	\$ _____	\$ _____

## Wills, Trusts and Gifts

### Wills

	Yes	No
Does Spouse 1 have a will?	<input type="checkbox"/>	<input type="checkbox"/>
Does Spouse 2 have a will?	<input type="checkbox"/>	<input type="checkbox"/>
Date written/last reviewed: _____ / _____		
Type of Marital Deduction Clause:	Spouse 1	Spouse 2
None	<input type="checkbox"/>	<input type="checkbox"/>
100% to Surviving Spouse	<input type="checkbox"/>	<input type="checkbox"/>
Credit Trust (Optimal)	<input type="checkbox"/>	<input type="checkbox"/>
Specific Dollar Amount	\$ _____	\$ _____
Specific Percentage of Estate	_____ %	_____ %
	Yes	No
Has a guardian been named for any minor children?	<input type="checkbox"/>	<input type="checkbox"/>

### Trusts

	Yes	No
Does Spouse 1 have a trust?	<input type="checkbox"/>	<input type="checkbox"/>
Type: _____		
Does Spouse 2 have a trust?	<input type="checkbox"/>	<input type="checkbox"/>
Type: _____		

### Gifts

	Spouse 1	Spouse 2
Pre-1977 Taxable Gifts:		
Total Amount	\$ _____	\$ _____
Taxes Paid	\$ _____	\$ _____
Post-1976 Taxable Gifts:		
Total Amount	\$ _____	\$ _____
Taxes Paid	\$ _____	\$ _____
Planned Charitable Bequests	\$ _____	\$ _____

## Professional Advisors

Attorney: _____	Phone No.: _____
Accountant: _____	Phone No.: _____
Bank/Trust Officer: _____	Phone No.: _____
Investment Advisor: _____	Phone No.: _____

## Estate Planning Priorities

	High Priority	Medium Priority	Low Priority	No Priority
Planning a Comfortable Retirement	_____	_____	_____	_____
Reducing Estate Settlement Costs	_____	_____	_____	_____
Providing for Surviving Spouse	_____	_____	_____	_____
Providing for Children/Grandchildren	_____	_____	_____	_____
Making Charitable Bequests	_____	_____	_____	_____
Preserving the Value of the Estate	_____	_____	_____	_____
Planning for Long-Term Care Costs	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____

## Notes


## Important Information

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This fact finder serves to help identify your financial needs and priorities and may be used in developing proposed solutions consistent with your needs and objectives. In completing this fact finder, you are entrusting our organization with certain personal and confidential financial data. We recognize that our relationship with you is based on trust and we hold ourselves to the highest standards in the safekeeping and use of your confidential information.

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